



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED

07 NOV -6 AM 8:01

CAROL ANN ECKHAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 137979 2. Committee Name MAURICE GEROMETTE FOR Mayor		3. This Statement covers From: 8 13 2007 to 10 21 2007 Mo Day Year Mo Day Year	
5. Committee's Mailing Address 32354 Huber Lane, Fraser 48026 Area Code and Phone 586-610-4247 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		4. Candidate Last Name GEROMETTE First Name MAURICE M.I. P 4a. Office Sought Including District # or Community Served (If applicable) FRASER, Mayor 4b. County of Residence Macomb	
7. Treasurer's Business Address 32354 Huber Lane, Fraser 48026 Area Code and Phone 586-610-4247		6. Treasurer's Name & Residential Address MAURICE GEROMETTE 32354 Huber Lane Fraser, Michigan 48026 Area Code & Phone 586-610-4247	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11 6 2007 Month Day Year		8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) NONE Area Code and Phone ()	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.		9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
Current Treasurer or Designated Record keeper MAURICE GEROMETTE Type or Print Name Signature		Date 11 5 2007 Mo Day Year	
Candidate MAURICE GEROMETTE Type or Print Name Signature		Date 11 5 2007 Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE FOR Mayor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/13/07</u> Name: <u>Kathy BLANKE</u> Address: <u>15951 PRINCETON COURT, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200 ⁰⁰	
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/18/07</u> Name: <u>BILL BEECH</u> Address: <u>32725 UTICA, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FRASER AUTO</u> Business Address <u>32725 UTICA, FRASER 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500 ⁰⁰	
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/07</u> Name: <u>DON DENAULT</u> Address: <u>15731 MARCIE, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/07</u> Name: <u>MAURICE GEROMETTE</u> Address: <u>32354 HUBER LANE, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>STARS</u> Business Address <u>615 JOHNSON, SAGINAW 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1000	

Enter this total on
line 3 of Summary
Page.